

216021779
100518

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 072	Agency Case No. B6-046982	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1													
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/28/2016		(In Military Time) TIME OF ACCIDENT 1750	STATE USE ONLY														
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1753	05/29/2016														
B	80	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. 17 & O	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE													
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE													
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION															
V1/M	12	NAME OF INTERSECTING ROADWAY		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING															
V2/M		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN																	
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO													
F	1	VEHICLE NO. 1																	
V1/N	2	DRIVER LICENSE NO.	H13351449	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE													
V2/N		DRIVER	MADELINE H CASS	PHONE	402-432-1913	LOCAL NO.													
G	2	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	03/11/1993	V1/1 18													
H	5	OWNER	Madeline Cass	PHONE	402-432-1913	V1/2													
V1/O	1	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	V1/3													
V2/O		LICENSE PLATE MC NO.	TXM341	YEAR (Plate Expires)	2016	STATE (Of Plate) NE													
V1/P	1	VEHICLE	2004	MAKE	Honda	MODEL	CMX	BODY STYLE	Motorcycle & d	COLOR	black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500	V1/4						
V2/P		VEHICLE ID NO. (VIN)	JH2MC13064K003240	INSURANCE COMPANY	Progressive	POLICY NO.	418109700						V1/5 18						
I	1	VEHICLE NO. 2											V1/6 25						
V1/P	1	DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE							V2/1						
V2/P		DRIVER		PHONE		LOCAL NO.							V2/2						
J	01	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		LOCAL NO.							V2/3						
V1/Q	3	OWNER		PHONE		LOCAL NO.							V2/4						
V2/Q		OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.							V2/5							
K	02	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)							V2/6						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)												DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	1	NAME	ADDRESS				03/11/1993		16	1	02	3	2	F					
VEH. #		LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)				EMS SERVICE NAME Lincoln Fire & Rescue		EMS RUN REPORT NO.										
VEH. #		NAME	ADDRESS																
VEH. #		LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.										
VEH. #		NAME	ADDRESS																
VEH. #		LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.										

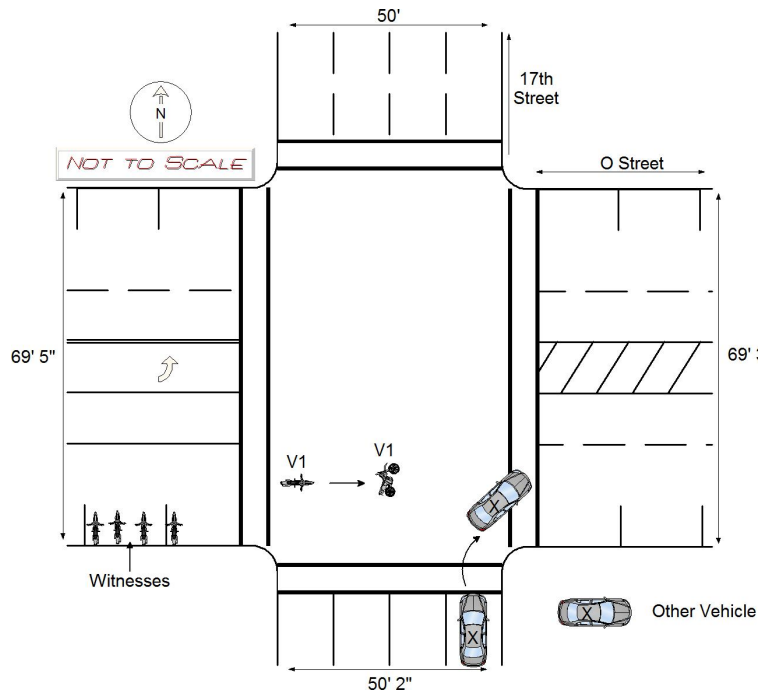
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-046982



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 said she was operating a motor vehicle east bound on O street approaching 17th traveling approximately 25mph. D1 said as she approached the intersection a vehicle turned east bound off 17th in front of her. D1 said she laid her motorcycle down in an attempt to avoid the collision. W1 and W2 were both parked on the south west corner of 17 & O streets. Both said they observed the other vehicle stop at the red light, look west bound for oncoming traffic, and make the east bound turn in front of V1. Other unknown witnesses chased down the other driver and had him return to the scene. The other driver was cited and released for failure to yield, see other police reports. There was no collision with the other vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Luke Stuart 4126 S 58, Lincoln, NE 68506				PHONE 402-890-4110
	NAME Darrian McDonald 2449 S 8, Lincoln, NE 68502				PHONE 402-613-2645

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS														
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																					
1			X		O street				5		7		<table border="1" style="width:100%; text-align:center;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	ALCOHOL LEVEL TESTED	N	X	N
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																							
Y		Y	Y																							
ALCOHOL LEVEL TESTED	N	X	N																							
2																										
1	01	06 Turning left			VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant															
2		07 Making U-turn			POINT OF IMPACT		POINT OF IMPACT		2 Deployed - side		2 Lap & shoulder belt used															
		08 Entering traffic lane			MOST DAMAGED AREA		MOST DAMAGED AREA		3 Deployed - both front/side		3 Shoulder belt only used															
		09 Leaving traffic lane			07				4 Not deployed		4 Lap belt only used															
		10 Parked			00 None				5 Child safety seat used		5 Child booster seat used															
		11 Slowing or stopped in traffic			01		02		6 Not applicable/ No airbag available		6 DOT approved helmet used															
		12 Other			08		07		Unknown		7 Costume helmet used															
		13 Unknown			09 Top & windows		03				8 Restraint use unknown															
					10 Undercarriage		04																			
					11 Total (all areas)		05																			
					12 Other		06																			

OFFICER NO. 1660	TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Lee Dahlgren		INVESTIGATOR SIGNATURE Approved by Officer Lee Dahlgren	
DATE OF REPORT 05/29/2016			